

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-SEP-2014		2. ADDRESS OF OCCURRENCE 22:12:00 2349 W LAKE ST CHICAGO, IL 60612		3. LOCATION CODE 304		4. BEAT/OCCUR 1223																			
5. POSITION 9161		6. LAST NAME PASKO		7. FIRST NAME MATHEW J		8. STAR NO 3876		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 510		13. WT. 166									
14. DATE OF APPT. 28-AUG-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 311 6744E		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No															
20. LAST NAME FORD		21. FIRST NAME DENZEL		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 600		27. WT. 220											
28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Apparently Normal <input type="checkbox"/> 03 Refusing Medical Aid		36. CHARGES PLACED [REDACTED]									
37. CB NO. 18974714		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/>		40. DNA <input type="checkbox"/>		41. DNA <input type="checkbox"/>		42. DNA <input type="checkbox"/>		43. DNA <input type="checkbox"/>		44. DNA <input type="checkbox"/>		45. DNA <input type="checkbox"/>									
46. SUBJECT'S ACTIONS PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <input type="checkbox"/>		47. ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <input type="checkbox"/>		48. ASSAULT: ASSAULT IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <input type="checkbox"/>		49. ASSAULT: BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/>		50. ASSAULT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		51. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WITH AUTHORIZATION <input type="checkbox"/> OTHER <input type="checkbox"/>		52. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Control Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <input type="checkbox"/>		53. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <input type="checkbox"/>		54. MEMBER'S RESPONSE KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER <input type="checkbox"/>		55. MEMBER'S RESPONSE FIREARM <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>							
56. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		57. ADDITIONAL INFORMATION SUBJECT RAMMED HIS VEHICLE INTO MEMBERS VEHICLE.		58. POSITION [REDACTED]		59. STAR NO. [REDACTED]		60. UNIT [REDACTED]		61. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 CHEMICAL WEAPON <input type="checkbox"/> 04 RIFLE <input type="checkbox"/> 05 TASER (Probe Discharge) <input type="checkbox"/> 06 SHOTGUN <input type="checkbox"/> 07 OTHER		62. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		63. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		64. WEATHER CONDITIONS CLEAR									
65. TASER PART ID NO AAU06104		66. WEAPON SERIAL NO. (Include Letters) [REDACTED]		67. CHICAGO GUN REG. NO R0021625		68. IL FIREARM OWNER ID NO. [REDACTED]		69. HANDGUN CERTIFICATE NO [REDACTED]		70. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		71. PROPERTY INVENTORY NO. [REDACTED]		72. TYPE OF AMMUNITION USED Department Issued		73. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		74. TOTAL NO. OF SHOTS MEMBER FIRED 14							
75. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		76. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		77. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 13		78. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)		79. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		80. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		81. SPECIFY METHOD/EQUIPMENT USED TO RELOAD MAGAZINE		82. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		83. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) NONE		84. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT							
85. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		86. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		87. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR.		88. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		89. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		90. REPORTING MEMBER (Print Name) PASKO, MATHEW J		91. STAR/EMPLOYEE NO 3876		92. SIGNATURE [REDACTED]		93. DATE/TIME 14-SEP-2014 05:11:09		94. REVIEWING SUPERVISOR (Print Name) FORBES JR, TERENCE P		95. STAR NO 1432		96. SIGNATURE [REDACTED]		97. DATE/TIME 14-SEP-2014 05:12:21	
98. REVIEWING SUPERVISOR (Print Name) FORBES JR, TERENCE P		99. STAR NO 1432		100. SIGNATURE [REDACTED]		101. DATE/TIME 14-SEP-2014 05:12:21		102. SIGNATURE [REDACTED]		103. DATE/TIME 14-SEP-2014 05:12:21		104. SIGNATURE [REDACTED]		105. DATE/TIME 14-SEP-2014 05:12:21		106. SIGNATURE [REDACTED]		107. DATE/TIME 14-SEP-2014 05:12:21		108. SIGNATURE [REDACTED]		109. DATE/TIME 14-SEP-2014 05:12:21			

1071524
#27

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE A.D.S. WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Sgt. / Officer / Person)

Subject hospitalized and unable to interview

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. Pasko, Matthew #3876, acted in compliance with Department Policy. Ofc. Wesselhoff was knocked to the ground, when Offender Ford, Denzel IR#2078314, rammed his vehicle into Ofc. Wesselhoff's vehicle which in turn struck Ofc. Wesselhoff. Ford then reversed his vehicle ramming a second vehicle in and attempt to flee. Ofc. Wesselhoff was on the ground and unable to move and in the direct path of Ford's only escape route thus placing him in fear of his life. Ofc. Pasko, fearing for his life and also the life of Ofc. Wesselhoff fired his weapon. Log#1071524 UR14-31

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1071524 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

14-SEP-2014 05:26:46

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TD FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.C.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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